C:\Documents and Settings\08382074\Local Settings\Temporary Internet Files\Content.IE5\EIBEBJHD\MCj02956070000[1].wmf**Vermont Primary School**

**Thursday 19th March 2015**

**Dear Parents,**

**On Thursday the 19th of March the Preps, their Grade 6 Buddies and teachers will be walking to the Bellbird Dell to eat their snack and to have a play. We will leave Vermont Primary School at approximately 9.15am and return by 11.00am.**

**Everyone will need to bring their snack and a drink in a named plastic bag. All children and adults will need to wear a hat and comfortable shoes.**

**And... (Shhhh!) ….the Easter Bunny may make an early appearance and meet us at the Dell! If you do not wish your child to eat plain Cadbury Chocolate Easter eggs, please inform your child’s teacher via their Communication Book.**

****C:\Documents and Settings\08382074\Local Settings\Temporary Internet Files\Content.IE5\BD4ZZ70O\MCj04382290000[1].wmfC:\Documents and Settings\08382074\Local Settings\Temporary Internet Files\Content.IE5\BD4ZZ70O\MCj04283710000[1].wmf**Parents are welcome to walk with us, but we ask that each Prep child walks, eats and plays with their Grade 6 Buddy.**

**From**

**The Prep and Grade 6 Teachers**

****

**……………………………………………………………………………………………………………………………………………….**

**Vermont Primary School**

**Buddies Walk to the Dell**

**Thursday 19th March 2015**

**I give permission for my child to walk to The Dell on Thursday 19th March 2015.**

**I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child’s receiving such medical or surgical treatment as may be deemed necessary.**

**Signed: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent(s) Names**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Contact Numbers:** **Mob** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**: **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mob** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Serious Medical Conditions (please circle):** None Diabetes Anaphylactic

Asthmatic Allergies Other**......................................................................................**